

S. No. 2
M-5-42
v. 5-17-39
P-1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34741

State File No.

FILED NOV 10 1943

Registration District No. 121

Primary Registration District No. 4200

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Ash Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME PLES. H. PELTS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife DELLA PELTS 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 1 25 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 10 hr. min.

9. Birthplace ARK - Little Rock
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business _____

12. Name BENJAMIN PELTS 9

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Mary Holmes 9

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mr ONIS PELTS

(b) Address Ash Grove

17. (a) Burial (b) Date thereof 10 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove

18. (a) Signature of funeral director Morris Teiman

(b) Address Ash Grove MO

19. (a) 10-7-43 (b) JWB
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene 39
(c) City or town Ash Grove
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 6 year 1943 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2 years 19... to Oct 5th 1943
that I last saw him alive on Oct 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death autolopaemia
Duration 2 mo. 1 year

Due to carcinoma of prostate

Due to _____
Other conditions (Include pregnancy within 3 months of death) 518

Major findings: Of operations none
Of autopsy none held

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury? _____

23. Signature Charles H. McFadden (M. D.)
Address Ash Grove MO Date signed 10-6-43

RECEIVED

Greene County Health Office,

County File Number 43-11-113

Date Filed 11/9/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Maude O. Morris

Licensed Embalmer No. 2055

P. O. Address Ash Grove Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.